

Employee/Applicant

Request for Inspection of Records Policy Information

KRS 18A.020 states:

Upon written request, an employee shall have the right to examine his personnel file. An employee may comment in writing on any item in his file. Such comments shall be made part of his file and shall be attached to the specific record or document to which they pertain.

Upon written request, a state employee, an applicant for employment, and an eligible on a register shall have the right to inspect and to copy any record and preliminary documentation and other supporting documentation that relates to him, except that an applicant, an eligible, or a state employee shall not have the right to inspect or to copy any examination materials.

Applicants or employees shall be notified in writing within three (3) working days after a receipt of a request for inspection if for any reason the records are not available for inspection. In addition

Per KRS 61.874(3) The public agency may prescribe a reasonable fee* for making copies of nonexempt public records requested for use for noncommercial purposes which shall not exceed the actual cost of reproduction, including the costs of the media and any mechanical processing cost incurred by the public agency, but not including the cost of staff required. If a public agency is asked to produce a record in a nonstandardized format, or to tailor the format to meet the request of an individual or a group, the public agency may at its discretion provide the requested format and recover staff costs as well as any actual costs incurred.

*The first request during a twelve (12) month period will be free of charge by the Personnel Cabinet. Any additional requests during the same twelve (12) month period will be provided at a cost of \$0.10 per page for any duplicates previously provided. Any new copies will be provided at no charge. There will also be a charge for postage added for the entire mailing following the first request within a twelve (12) month period. You will be notified of any payment due, and the payment will be required to be received in our office prior to the records being released.

If you have any questions regarding this process, please contact the Director's Office, Division of Employee Management at 502/564-6464.

Employee/Applicant Request for Inspection of Records

Employees, applicants and register eligibles may request to inspect their personnel file by completing and submitting this form to the Division of Employee Management. Requests may be submitted by mail, fax, or delivered in person though all allowed methods require identity verification with picture ID. *If you mail or fax your request, please submit a copy of a picture ID otherwise your request will be returned to you unfulfilled.*

[Requestor's Information:]

Name: _____ Social Security No.: _____ - -
Have you ever been employed with the Commonwealth of Kentucky? ☐ Yes ☐ No If so, in what year did you last work? _____
Please include any other names that you may have worked under: _____

[Requestor's Contact Information:]

Street Address: _____
City: _____ State: _____ Zip: _____
Daytime Phone #: () - _____ Email Address: _____

[Request Details:]

-- [Please indicate the information you are requesting:]

- ☐ Your **ENTIRE** personnel file ☐ Your **LATEST** personnel action
☐ Personnel actions for _____ time period. ☐ Other (List specifically): _____

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-- [Please indicate the manner in which you prefer to receive/review your records:]

- ☐ By mail (cost of postage may be charged) ☐ Will pick-up ☐ Will review onsite

Signature of employee, applicant for employment, or eligible
on a register making the request for information: _____

(Original Signature is Required)

(Date)

*By signing above I acknowledge that a charge *may* be incurred if any of the records I am requesting have been requested and provided by the Personnel Cabinet in the last twelve (12) months. If a charge is incurred, I understand that payment must be made before my records will be released.

[Payment can be made in the form of cash (if being picked up), check or money order. Make any check or money order payable to the **Kentucky State Treasurer**.]

COMPLETED FORMS SHOULD BE SENT TO:

Director's Office
Division of Employee Management
Department of Human Resources Administration
501 High Street, 3rd Floor
Frankfort, KY 40601
[or fax to 502/564-1823]

[To be completed by the Personnel Cabinet:]

Date Received: _____ Received & Processed by: _____ Request Log #: _____

Has a request been made by this employee/applicant/register eligible in the past 12 months?

☐ **No** [This request will be processed free of charge.] Total # of pages provided per request details: _____

Request was: ☐ Mailed / ☐ Picked up / ☐ Reviewed onsite: on _____

☐ **Yes** [Date of last request: _____.] Total # of pages to be provided per request details: _____

- # of pages previously requested and provided: _____ x \$0.10 = _____ + postage amount of \$ _____ = **Payment of \$ _____ DUE.**
(if total charge is less than \$1.00, do not charge)

Requestor was notified of charges on: _____ Charges are: ☐ Rejected (close request)

☐ **Approved** (reminder was given to send/bring payment before records will be released, payable to and in the manner described above.)

Date of request completion: _____

Request was: ☐ Mailed / ☐ Picked up / ☐ Reviewed onsite: on _____

Payment received ☐ same day or on _____ [-Method of payment: ☐ Cash, ☐ Check (# _____), ☐ MO]

(Payment logged and submitted to Office of Administrative Services on _____)